DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

7500 Security Boulevard,

Baltimore, Maryland 21244-1850

Dear Physician/Practitioner:

The purpose of this letter is to inform you that for dates of service beginning on or after March 20, 2017 the Centers for Medicare & Medicaid Services (CMS) will implement **a prior authorization program for certain durable medical equipment, prosthetic, orthotics, and supplies (DMEPOS) items** in Illinois, Missouri, New York, and West Virginia**.**

Durable Medical Equipment Medicare Administrative Contractors (DME MACs) began accepting prior authorization requests in these four states for the two codes listed below on March 6, 2017 for the items furnished on or after March 20, 2017. The first two codes that will require prior authorization are:

- K0856: Power wheelchair, group 3 std., single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

- K0861: Power wheelchair, group 3 std., multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds

What You Need to Know

The prior authorization program does not change Medicare DMEPOS benefit and coverage requirements, nor does it create new documentation requirements. The documentation required to be included with a prior authorization request is information that physicians and suppliers are regularly required to maintain. The request must be submitted by the supplier (or by the Medicare patient), referred to as a "requester." Under the prior authorization process, the requester must submit the request with the required documentation before the claims payment process so that Medicare can make sure all relevant Medicare requirements are met.

In most cases, the DMEPOS supplier will submit a prior authorization request and all documentation to Medicare on behalf of the Medicare patient. Medicare patients can choose to submit the request themselves if they get the required documents from you and their DMEPOS supplier.

To make sure patients receive necessary items quickly, physicians and practitioners will need to provide the requester with relevant clinical documentation in a timely manner.

The prior authorization request must include all relevant documentation to support Medicare coverage of the DMEPOS item; in this case, certain power mobility devices (PMDs). This includes the following documents from you:

1. The seven element written order for the PMD;
2. Documentation of the face-to-face examination where the physician/practitioner evaluated the patient's need for the PMD;
3. Specialty Evaluation performed by Licensed/Certified Medical Professional (LCMP);
4. The detailed product description; and
5. Other documentation in the medical record that may be required by the DME MAC to support medical need.

A review checklist with specific items physicians need to provide to suppliers is available on the website listed below.

After receipt of all relevant documentation from the requester, the respective DME MAC will review and communicate within 10 business days a decision on whether the prior authorization request meets all Medicare coverage requirements and is provisionally affirmed, or is non-affirmed. In emergency situations, the requester may seek an expedited review of the prior authorization request. If the DME MAC substantiates the need for an expedited review, the DME MAC will make reasonable efforts to communicate a decision within 2 business days of receipt of all relevant documentation. The DME MAC will send the decision letter regarding the prior authorization to the requester and, upon request, to the Medicare patient (if Medicare patient was not the requester).

If the prior authorization request is non-affirmed by the DME MAC, the requester may revise and resubmit the prior authorization request an unlimited number of times. The DME MAC will make every effort to conduct a review and communicate a decision within 20 business days on each resubmitted prior authorization request.

For additional information about this program, please refer to the individual DME MAC websites, and/ or to the CMS website at: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/DMEPOS/Prior-Authorization-Process-for-Certain-Durable-Medical-Equipment-Prosthetic-Orthotics-Supplies-Items.html

Additional Resources

Physicians are vital partners in the Medicare program, and CMS is preparing a wide range of resources to give you the information you need. To facilitate open and ongoing dialogue with both patients and providers, and to support program transparency, CMS has established a dedicated website for DMEPOS Prior Authorization with comprehensive information for patients, suppliers, and physicians.

You may request an individual education session if you have concerns about the program. More information is available online. Details will also be posted regarding an upcoming Open Door Forum specific to the needs of physicians under the program.

CMS Welcomes Feedback

CMS is committed to launching the DMEPOS Prior Authorization Program in an open and transparent manner that serves and protects patients and the health care providers that care for them. Your feedback will be a critical part of the process. Physicians and Practitioners with questions or other feedback can contact CMS at DMEPOSPA@cms.hhs.gov.